

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	9KRAM		9-13-01
O.I.P.E. CLASSIFIER		19	7-25-01
FORMALITY REVIEW	hr	1019	08-23-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

BEST AVAILABLE COPY

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral)..... Canceled
- ÷ ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	N	
8	✓	N	
9	✓	N	
10	✓	N	
11	✓	N	
12	✓	N	
13	✓	N	
14	✓	N	
15	✓	N	
16	✓	N	
17	✓	N	
18	✓	N	
19	✓	N	
20	✓	N	
21	✓	N	
22	✓	N	
23	✓	N	
24	✓	N	
25	✓	N	
26	✓	N	
27	✓	N	
28	✓	N	
29	✓	N	
30	✓	N	
31	✓	N	
32	✓	N	
33	✓	N	
34	✓	N	
35	✓	N	
36	✓	N	
37	✓	N	
38	✓	N	
39	✓	N	
40	✓	N	
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42	✓	N	
43	✓	N	
44	✓	N	
45	✓	N	
46	✓	N	
47	✓	N	
48	✓	N	
49	✓	N	
50	✓	N	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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2021 8/22/01